

DEATH TRANSCRIPT

DATE FILED **NEW YORK CITY**
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATHCertificate No. **156-05-028155****6/23/2005 2:28:30 PM**

1. DECEDENT'S

LEGAL NAME

VALERIE**DENISE****YOUNG**

Place of Death Brooklyn	2b. Type of Place <input type="checkbox"/> Hospital Inpatient <input checked="" type="checkbox"/> Emergency Dept./Outpatient <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	24. Name of hospital or other facility (if not facility, street address) Brookdale Hospital
Date and Time of Death or Found Dead June 19 2005 9:32 AM	3a. (Month) (Day) (Year-yyyy) June 19 2005	3b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. Sex Female
5. CAUSE OF DEATH PART I a. Immediate cause Pulmonary embolism b. Due to or as a consequence of Deep veins thrombosis of lower extremities c. Due to or as a consequence of Inactivity due to seizure disorder of undetermined etiology PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, include operation information.		5. OCME Case No. K-05-03154	
7a. Injury Date (mm dd yyyy) June 19 2005	7b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	7c. At Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7d. Place of Injury - At home, factory, street etc. At home
7f. How Injury Occurred			
7g. If Transportation Injury Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify	8. Manner of Death <input type="checkbox"/> Pending further study <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined	9. Autopsy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy	10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated. Certifier Signature Freda Frederic Certifier Name (Print) Freda Frederic Date June 20th, 2005
11a. Usual Residence State N.Y.	11b. County KINGS	11c. City or Town BROOKLYN	11d. Street and Number 259 E. 49 STREET
12. Date of Birth (Month) (Day) (Year-yyyy) AUGUST 6, 1955	13. Age at last birthday (years) 49	14. Social Security No. 075-54-8252	15. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15a. Usual Occupation (Type of work done during most of working life. Do not use "retired") DISABLED		15b. Kind of business or industry	
16. Allases or AKAs		17. Birthplace (City & State or Foreign Country) BROOKLYN, NY.	
18. Education (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th-12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSw, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
19. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20. Marital Status at Time of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never married	21. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last) VIOLA McCOWAN	
22. Father's Name (First, Middle, Last) SIDNEY A. YOUNG		23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) VIOLA McCOWAN	
24a. Informant's Name VIOLA YOUNG		24b. Relationship to Decedent MOTHER	
24c. Address (Street and Number) City & State ZIP Code 259 E. 49 STREET BROOKLYN, NY. 11203		25b. Place of Disposition (Name of cemetery, crematory, other place) PINELAWN MEMORIAL PARK	
25a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> City Cemetery		25d. Date of Disposition 06/25/2005	
25c. Location of Disposition (City & State or Foreign Country) FARMINGDALE, NY.		26a. Address (Street and Number) City & State ZIP Code 1000 ST. JOHNS PL. BROOKLYN, NY. 11213	
26b. Funeral Establishment HOUSE OF HILLS INC.			

VR 16 (Rev. 01/03)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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